

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09880800
	Filing Date	6/12/2001
	First Named Inventor	Lawrence Roberts
	Art Unit	2616
	Examiner Name	Christina Y. Ng
	Attorney Docket Number	SABLE-01002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 43490

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 43490

OR

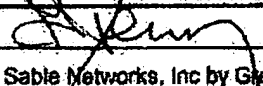
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
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Telephone			Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Sable Networks, Inc by Gregory Perry		
Date	28 AUG 08	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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